## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

May 1, 1996

ALL COUNTY LETTER NO. 96-20

TO: ALL COUNTY WELFARE DIRECTORS



REASON	FOR	THIS	TRANSMITTAL	

-	-	State Law Change Federal Law or Regulation
		Change
Ī	]	Court Order
Ĩ	j	Clarification Requested by
	-	One or More Counties
[	]	Initiated by CDSS

SUBJECT: IMPLEMENTATION OF THE <u>ANDERSON</u> v. <u>EDWARDS</u> FINAL REGULATIONS PERTAINING TO LUMP SUM INCOME IN THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM

The purpose of this letter is to provide you with copies of draft regulations, Notices of Action (NOA) messages, and forms you will need to implement changes in the Lump Sum (LS) rule. The changes were made as a result of Public Hearing testimony. These regulations have been sent to the Office of Administrative Law (OAL) for final approval and will be effective June 1, 1996.

## REGULATIONS/SUMMARY OF CHANGES (ATTACHMENT 1)

The new regulations provide an option for certain members of an Assistance Unit (AU) to request termination after receipt of lump sum income and not have the LS rule affect the other members. Under the current LS rule, a LS Period of Ineligibility (POI) must apply to all members of the AU when lump sum income is received by any member of the AU. Under the new regulations, optional persons who receive LS income may request termination of aid and their POI will not be imposed on the other members. However, all members will be ineligible for one month due to the receipt of the LS income in a month when all were aided. A summary of the changes is included in Attachment 1.

## NOA MESSAGES (ATTACHMENT 2)

Attached are four NOA messages that have been developed to notify recipients of the change in their cash aid due to receipt of LS income by optional persons. Instructions for use are at the end of each message document.

## NA FORMS (ATTACHMENT 3)

Attached are the Discontinue/Suspend Optional Persons - Financial Eligibility and Lump Sum form (NA 278), and the Continuation Page for Optional Persons - Financial Eligibility and Lump Sum (NA 277). Both NA forms were developed as a result of the regulation change. Instructions for use are included with the forms.

## TRANSLATIONS

The Spanish translation of only the NA forms will follow under separate cover. The Spanish translation of the NOA messages will be available at a later date upon request through the Language Services Bureau. Camera-ready copies of the NA forms and NOA messages in Cambodian, Chinese and Vietnamese may be obtained upon request through the Language Services Bureau. Camera-ready copies of the NA forms in Spanish are available through the Forms Management Unit, and camera-ready copies of the NOA messages in Spanish are available through the Language Services Bureau.

## CONTACTS

Any questions pertaining to the regulations should be directed to Cora Huffman at (916) 654-2236/CALNET 464-1786. For questions regarding NOAs and/or NA forms, contact Pam Kian at (916) 654-1801/CALNET 464-1801. For requests through the Language Services Bureau call (916) 654-1282/ CALNET 464-1282. For requests through the Forms Management Unit call (916) 657-1907/CALNET 437-1907.

Sincerely,

**BRUCE WAGSTAFF** 

Bruce Warsty

Deputy Director

Welfare Programs Division

Attachments

Welfare Programs Division AFDC Program Branch P. Sutherland C. Metsker BC:

J. Lopes
C. Huffman
Bureau Chron

Cir. Copy C. Files

#### ATTACHMENT 1

## REGULATIONS AND SUMMARY OF CHANGES

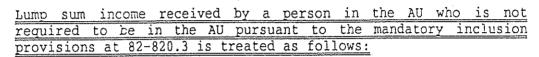
A Summary of the changes to MPP 44-207.413 is provided, followed by the actual regulatory changes.

- o A LS POI will not apply to the remaining members of the AU beginning the first month after the optional person not required to be in the AU according to Manual of Policies and Procedures (MPP) 82-820.3 (Mandatory Inclusion) requests termination. No persons may be removed from the AU prior to the first of the month following a request for termination.
- O A suspense in the payment month shall apply to the members who will continue to be aided, and a LS POI will apply to the members subject to the LS rule.
- o The LS POI shall be based on the Minimum Basic Standard of Adequate Care (MBSAC) for the members serving the POI.
- o The LS income will be reduced by the MBSAC differential that represents the difference between the needs of the entire AU in the month the LS was received and the needs of the terminated members who will be serving the POI. Handbook examples of the POI calculation are provided for clarity.
- o The policy specifying that cases with one caretaker relative in the home shall be aided as one AU (MPP 82-824.13) which was implemented August 1, 1995, via ALL COUNTY LETTER 95-23, continues to apply. However, if an optional member receives LS income, the member may request termination for him/herself and all AU members who are required to be aided with that person. The remaining members may continue to be aided pursuant to new LS rule.

44-207

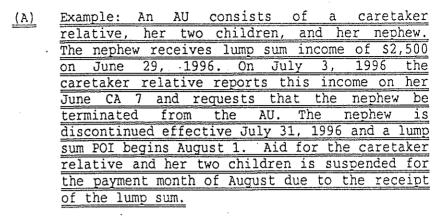
## 44-207 INCOME ELIGIBILITY (Continued)

- .4 Treatment of Lump Sum Income (Continued)
  - .41 Definition of Lump Sum Income (Continued)
    - .411 (Continued)
    - .412 (Continued)
    - .413 Optional Persons



- If the person who receives the lump sum requests termination after receipt, that person and all AU members who are required to be aided with that person will be terminated with a lump sum period of ineligibility (POI). The earliest the person(s) can be terminated is the first of the month following a request for termination. No person(s) shall be terminated retroactively.
- All members of the AU in the budget month shall be ineligible for at least one month due to the receipt of the lump sum in the budget month (See Section 44-315.8 for suspense rules and Section 44-207.43 for lump sum POI rules).
- <u>(c)</u> The person(s) removed from the AU shall serve a POI computed as follows:
  - (1) Reduce the lump sum income by the difference between the MBSAC amount for all persons who were included in the AU in the month the lump sum was received and the MBSAC for the number of persons serving the POI.
  - Divide the remaining lump sum income by the MBSAC plus any special needs for the number of persons serving the POI. When an ineligible alien child with unmet needs lives in the home with an aided parent who receives the lump sum, the MBSAC shall be increased for each such child.

## HANDBOOK BEGINS HERE



## The POI is computed as follows:

	··
<u>866</u>	MBSAC for the four aided persons in the month the lump sum was
358	<pre>messac for the one person serving the POI.</pre>
508	MBSAC differential
2,500	Lump sum income
<u>-508</u>	MBSAC differential
1,992	Lump sum income used for POI calculation.
	Divide the lump sum by the MBSAC for one person because the POI
	for one person because the POI rules only apply to the nephew.
	1,992 divided by 358 equals a 5-month POI.
	The nephew is ineligible for five

months (August through December) and the remaining \$202 is counted

as income in the sixth

(B) Example: An AU consists of a caretaker relative, her child, her husband, and his child by a former marriage. There are no other persons in the home. The husband receives lump sum income of \$2,500 on June 9, 1996. On June 12 the caretaker relative informs her worker of this fact and requests that her husband be terminated from her case. The husband and his

(January).

child are discontinued June 30, 1996. Because the county has time to take action, the POI begins July 1, 1996. His wife and her child are suspended for the payment month of August due to receipt of the lump sum.

## The POI is computed as follows:

POI.

866	MBSAC the	for mont		four the	aided lump	persor sum	s in
	receiv		11	CHE .		5 411	<u> </u>
<u>-588</u>	MBSAC the Po		the	two	perso	ns ser	ving
278	MBSAC	diff	ere	ntial			
2,500	Lump :	sum i	ncor	ne			
<u>278</u>	MBSAC	diff	ere	ntial			
<u>2,222</u>	Lump calcu	sum latio		ncome	used	for	POI
	Divid	e th			um by		
	two p	ersoi	ıs b	ecaus	e only	the fa	ather
	and h	is c	hilo	l wil	l be s	erving	the

2,222 divided by 588 equals a 3-month POI (July through September).

The remaining \$458 is counted as income in the fourth month (October).

## HANDBOOK ENDS HERE

.41 <u>X4</u>	(Continued)
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- .4145 (Continued)
- .41%6 (Continued)
- .41%7 (Continued)

Authority Cited: Sections 10553, 10554, 11450, and 11453, Welfare and Institutions Code.

Reference:

Sections 10553, 10554, 11017, 11157, 11255, and 11280, Welfare Institutions Code; 45 CFR 206.10(a)(vii); (xiii); (3)(ii)(F),233.20(a)(2)(i) and (a)(3)(vi)(B), (a) (3) (xiv), and (a) (3) (xiv) (B); and Darces v. Woods, 35 Cal. 3d 871; Petrin v. Carlson Court Order, Case No. 638381, May 12, 1993; Rutan v. McMahon, Case No. 612542-L (Alameda Superior Court) February 19, 1988; Letter from Department of Health and Human Services (DHSS), December 5, 1990; Johnson v. Carlson Stipulated Judgement; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; XXX the Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994; and United States Department of Health and Human Services, Office of Family Assistance, Aid to Families with Dependent Children Action Transmittal No. ACF-AT-95-10 dated September 19, 1995.



## Amend Section 82-824.1 to read:

#### 82-824 ASSISTANCE UNITS THAT SHALL BE COMBINED.

82-824

.1 Combining AUs Two or more AUs in the same home shall be combined into one AU when:

.11 Marriage A caretaker relative is married to another caretaker relative in another AU, or

.12 Child in Common Two caretaker relatives in the home have separate children and also have an eligible child in common/, or

.13 One Caretaker
Relative
Repealed by Manual Relief Wol EAS/92/08/

[Previous Cite: 44-205.3]

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference:

45 CFR 206.10(a)(1); 45 CFR 233.90; 45 CFR 237.50(b)(5), United States Department of Health and Human Services, Office of Family Assistance, Aid to Families with Dependent Children Action Transmittal No. SSA-AT-86-X1; Section 242, California Civil Code; and Edwards \*\* Medaly/ Cly/ \$/ \$1/1473 \*\* PPL /1992/ Anderson v. Edwards 115 S.Ct. XXX 1291 (1995); and Sections 10553, 10554, 10604, 11000, and 11450, Welfare and Institutions Code.



#### ATTACHMENT 2

#### NOTICE OF ACTION (NOA) MESSAGES

The following NOA messages are attached:

## M44-207R2a (4/96) Lump Sum/POI - Optional Persons Suspend

The M44-207R2a message was developed to suspend the remaining AU members in a combined AU due to lump sum/budgeting rules. This message is used in circumstances when the discontinuance and suspense occur in two separate months. This message will always be sent in the month after the "optional" person was deleted from the AU.

## M44-207R3 (4/96) Lump Sum/POI - Optional Persons Change

The M44-207R3 message was developed to delete the "optional" person and anyone else mandatorily linked to him/her from the combined AU and leave the remaining members eligible. This message is used in circumstances when the discontinuance and suspense occur in two separate months. This message will always precede M44-207R2a.

## M44-207R4 (4/96) Lump Sum/POI - Optional Persons Combo: Disc/Susp

The M44-207R4 message was developed to delete the "optional" person and anyone else mandatorily linked to him/her and suspend the remaining members in the same month.

## M44-207R5 (4/96) Lump Sum/POI - Optional Persons Discontinue

The M44-207R5 message was developed to discontinue only combined AUs due to lump sum income. This message will also notify the AU that the lump sum person is not required to be aided and can be deleted upon request.

#### FOR HOLDERS OF THE AFDC NOA HANDBOOK

- o M44-207R2a (4/96) Insert into the AFDC NOA Handbook.
- o M44-207R3 (4/96) Insert into the AFDC NOA Handbook.
- o M44-207R4 (4/96) Insert into the AFDC NOA Handbook.
- o M44-207R5 (4/96) Insert into the AFDC NOA Handbook.

Action : Suspend -Department of Social Services Issue: Income Eligibility Title: Lump Sum Income and Period of Ineligibility (Optional Persons) Use Form No. : NA 278 Auto ID No .: Original Date : 04/01/96, New Source : Revision Date : Issued by : Reg Cite : 44-207.413 MESSAGE: The County is stopping your cash aid for the month of \_\_\_\_\_. Here's why: got a lump sum of money in \_\_\_\_\_ Since you asked for this person to be taken off cash aid, \_\_\_\_\_ \_\_\_\_\_ will be off cash aid only one month because of the lump sum income. You must still complete and turn in the Monthly Report (CA 7/SAWS 7) for

Noa Msg Doc No.: M44-207R2a Page 1 of 1

INSTRUCTIONS: Use to suspend cash aid to an AU for one month only when an optional person in the AU receives lump sum income and requests to be taken out of the AU. Enter the calendar month for which aid will be suspended. In the body of the message, enter in order of sequence:

o the name of the optional person who received the lump sum.

\_\_\_ may be able to get a

- o the month and year when the lump sum was received.
- o the remaining members suspended for only the month (next 4 blanks).
- o the month and year after the month of suspension.
- o the remaining members suspended who may be eligible for a RISP.

file : pkian/MSERIES/ls.44207r2a

You do not need to reapply for \_\_\_\_\_\_ is/are eligible,

cash aid will begin again in \_\_\_\_\_.

Request, (CA 40).

Reduced Income Supplemental Payment for the month with out cash aid. Call your worker and ask for a Reduced Income Supplemental

State of California

Action : Change Department of Social Services Issue: Income Eligibility Title: Lump Sum Income and Period of Ineligibility - (Optional Persons) Use Form No. : NA 200 Auto ID No.: Original Date : 04/01/96, New Source : Issued by : Revision Date : Reg Cite : 44-207.413, 82-820.3 MESSAGE: As of \_\_\_\_\_, the County is changing your cash aid from \$\_\_\_\_\_ to \$\_\_\_\_. Here's why: Cash aid will stop for \_\_\_\_\_ until \_\_\_\_\_ because he/she got a lump sum of money. [ ] Also, cash aid will stop for any brother, sister, half-brother, halfsister under 19 living with \_\_\_\_\_. This includes: \_\_\_\_\_ [ ] Also, cash aid will stop for any parent living with \_\_\_\_\_. This includes: The period of ineligibility is figured on the next page.

Noa Msg Doc No.: M44-207R3 Page 1 of 1

page.

Your new cash aid amount is figured on this

State of California

INSTRUCTIONS: Use to change the cash aid for the AU when the optional person receives lump sum income and is taken out for a period of ineligibility (POI).

Enter the date the County is changing the cash aid and the old and new cash aid amounts. In the body of the message, enter: 1) the name of the person who received the lump sum and 2) the ending date of the POI. Check the appropriate relationship box, enter the name of the person who received the lump sum and list the names of anyone else serving the POI.

Attach the NA 277, continuation page calculating the optional person(s) POI.

Noa Msg Doc No. 24-207R4 Page 1 of 1 State of California Action : Change (Disc/Susp) Department of Social Services Issue: Income Eligibility Title: Lump Sum Income and Period of Ineligibility (Optional Persons) Auto ID No.: Use Form No. : NA 278 Original Date : 04/01/96, New Source Revision Date : Issued by : Reg Cite : 44-207.413, 82-820.3 MESSAGE: As of \_\_\_\_\_, the County is changing your cash aid from \$\_\_\_\_\_ to \$0.00. Here's why: Cash aid will stop for \_\_\_\_\_ until \_ because he/she got a lump sum of money. [ ] Cash aid will also stop for any brother, sister, half-brother, half-sister under 19 living with \_\_\_\_\_. This includes: [ ] Cash aid will also stop for any parent living with \_\_\_\_\_. This includes: The period of ineligibility is figured on this page. Also, since you asked for this person to be taken off cash aid, \_\_\_\_\_ will be off cash aid only one month because of the lump sum income. You must still complete and turn in the Monthly Report (CA 7/SAWS 7) for \_\_\_\_\_. You do not need to reapply for \_\_\_\_\_ If \_\_\_\_\_ is/are eligible, cash aid will begin again in \_\_\_\_ \_\_\_\_\_ may be able to get a Reduced Income Supplemental Payment for the month with out cash aid. Call your worker and ask for a Reduced Income Supplemental Request, (CA 40).

INSTRUCTIONS: Use to change the cash aid to \$0.00 when a suspense/discontinuance occurs in the same month for the AU. Enter the date the County is changing the cash aid and the old amount. In the beginning of the message, enter the name of the optional person who received the lump sum and the ending date of the POI. Check the appropriate relationship box, enter the name of the person who received the lump sum and list the names of anyone else serving the POI. In the next four blanks, list the other AU members who are suspended, then fill in the month following the suspense and again list the suspended members who may be eligible for a RISP.

file : pkian/MSERIES/ls.44207r4

Noa Msg Doc No.: M44-207R5 Page 1 of 1 State of California Department of Social Services Action : Disc Issue: Income Eligibility Title: Lump Sum Income and Period of Ineligibility (Optional Persons) Use Form No. : NA 210 Auto ID No .: Original Date : 04/01/96, New Source Revision Date : Issued by : Reg Cite : 44-207.4, 82-820.3 MESSAGE: As of \_\_\_\_\_, the County is stopping your cash aid until \_\_\_\_\_. Here's why: got a lump sum of money. Your period of ineligibility is figured on this page. You may be able to get cash aid sooner if your situation changes. Call this office right away if: You have a new special need; or There is a cost-of-living change in the cash aid amount (usually in July); or The lump sum money is spent for medical bills or a life-threatening reason; or The lump sum money is gone for any reason that is not your fault; or Another family member moves into your home. Also, some members of the assistance unit may be able to get cash aid sooner. \_\_\_\_\_ does not have to get cash aid. You can ask for \_\_\_\_\_ and his/her brother, sister, halfbrother, half-sister under 19 and parent living with him/her to be taken off cash aid. \_\_\_\_ is taken off cash aid, the lump

sum of money will no longer be counted against the assistance unit.

Let your worker know right away if you want \_\_\_\_\_ to be taken off cash aid.

INSTRUCTIONS: Use to discontinue a combined AU for a POI when lump sum income is received. This message also notifies the AU the lump sum person is not required to be aided and can be deleted upon request. Enter the date the County discontinues cash aid, the ending date of the POI and the name of the optional person.

#### ATTACHMENT 3

#### NA FORMS

# NA 277 (4/96) Continuation Page - Optional Persons Financial Eligibility and Lump Sum

The NA 277 form was developed when the optional persons are deleted in a month prior to the remaining AU members receiving a suspense month. In this case, the recipient would receive the NOA message changing the cash aid on a NA 200 and the NA 277 Continuation Page would show how the POI was calculated.

# NA 278 (4/96) Discontinue/Suspend - Optional Persons Financial Eligibility and Lump Sum

The NA 278 form was developed due to an additional step when computing a Lump Sum POI for optional persons. Since this new formula does not apply to everyone and the current formula is still valid, the NA 210 (10/89) Deny Discontinue, Suspend - Financial Eligibility and Lump Sum form was not revised.

#### EFFECTIVE DATES

All of the forms are effective June 1, 1996, subject to availability.

#### FOR HOLDERS OF THE AFDC NOTICE OF ACTION HANDBOOK

File the English language NA forms and instructions in Section 5 of your AFDC NOA Handbook.

#### INSTRUCTIONS

NA 277 (4/96) Continuation Page - Optional Persons Financial Eligibility and Lump Sum

Use as a continuation of a "Page 1" NOA for combined assistance units (AUs) to show how the lump sum POI for the optional persons was calculated. Use this continuation page with the M44-207R3 message to delete the optional persons for a POI and the remaining AU members are not suspended until the next month.

Complete the Net Countable Income section with only the income from the persons' serving the POI. Fill in the AU's family needs plus special needs. Fill in the Optional persons' needs plus special needs. Subtract the Optional persons' needs from the AU's family needs to get the Differential.

The Optional Persons' POI is computed by using their net countable income minus the differential divided by the Optional Persons' needs. Any remainder is counted as income in the month following the POI if they reapply.

Fill in the page number and the number of pages at the bottom of the page.

4/96

file: pkian/277.instr

## NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

(Continued)

	•	Notice Date :	
	Optional Persons	Case :	
	Lump Sum/Financial Eligibility	Name Number :	
		Worker . Name	
		Number + :	
		Telephone :	
		Address ;	
	·	3	
	Countable Income		
	Total Earned Income	· \$	
	Work Expense Disregard	- A STATE OF THE S	
	\$30 Disregard		
	1/3 Disregard	- Control of the Cont	
	Dependent Care Disregard	•	
	Other Countable Income		
	(list sources)		
		+	
	,	+	
	•	+	
		T	
	Child Support Collected by the		
	County (financial eligibility only)	· +	
	Court Ordered Child/Spousal Support Paid		
	Unmet Needs of Ineligible Alien children		
(A)	Net Countable Income	<u> </u>	
Farr	nily Needs		
,	Basic Need for Persons	\$	
	Special Needs	+	
/D\	Family Needs	=	
(13)	I almy Needs	· · · · · · · · · · · · · · · · · · ·	
Opt	ional Person(s) Needs		
	Basic Need for Persons	\$	
	Special Needs	+	
(C)	Optional Person(s) Needs		
D)#f	erential		
UIII	Family Needs		
	•		
(B)	Optional Person(s) Needs		
(D)	Differential	Marie	
	Lump Sum Ineligibility for Optional Persons		
	Your net countable income (A)		
	minus the differential (D)		
	divided by the optional person(s) needs (C)		
	equals the number of ineligible months:	Martin Reserve	
	There is a remainder of	\$	
	It counts against your grant in		
	if you reapply	(Month)	
П	You are not financially eligible in		
ت	100 are not initiationary engine in	(Month)	
e.	These rules apply: you may review them at your Welfar	e Office:	

Rules: These rules apply; you may review them at your Wettare Onice:

MPP 44-207.413

State Hearing: If you think this action is wrong, you can ask for a

NA 277 (4/96) CONTINUATION PAGE - OPTIONAL PERSONS FINANCIAL EUGIBILITY AND LUMP SUM

hearing. The back of page 1 tells how.

#### INSTRUCTIONS

NA 278 (4/96) Discontinue/Suspend - Optional Persons Financial Eligibility and Lump Sum

Manual form, first page (must be preprinted with the current NA Back).

Use to suspend or the combination of discontinue/suspend when Net Income exceeds MBSAC for either Financial Eligibility or the Lump Sum rule for combined assistance units (AUs).

Complete the Net Countable Income section with only the income from the persons' serving the POI. Fill in the AU's family needs plus special needs. Fill in the Optional Persons' needs plus special needs. Subtract the Optional Persons' needs from the AU's family needs to get the Differential.

The Optional Persons' POI is computed by using their net countable income minus the differential divided by the Optional Persons' needs. Any remainder is counted as income in the month following the POI if they reapply.

Check the box for the appropriate computation (Financial Eligibility or Lump Sum).

4/96.

file: pkian/278.instr

## NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice D	ate ·		
	Case	:		
	Name Number	•		
	Worker			
	Name Number			
	Telephor	-		
	Address	•		
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			•	
ADDRESSEE)		•		
<del></del>	$\neg$		Questions? Ask your Worker.	
Į.	1		State Hearing: If you think this action	nn is wrona
			you can ask for a hearing. The back	
			tells how. Your benefits may not be o	
1	ı		you ask for a hearing before this act	
			place.	
			1	
	· · · · · · · · · · · · · · · · · · ·			
	Net	Соп	ntable Income	
				\$
			ork Expense Disregard	
			O Disregard	
			Disregard	B-00
			pendent Care Disregard	
			ner Countable Income	
		(lis	t sources)	
			-	+
				+
				+
		Ch	ild Support Collected by the	
			unty (financial eligibility only).	+
			ourt Ordered Child/Spousal Support Paid	
			met Needs of Ineligible Alien Children	
	(A	) Ne	et Countable Income	
	Far	nily N	Needs	
		Ва	asic Need forPersons	\$
	3000 N 3000 N 3000 N	Sp	pecial Needs	+
	(B	) Fa	mily Needs	=
	Opt	iona	l Person(s) Needs	
		Ва	asic Need for Persons	\$
	2005 2006		pecial Needs	+
	(C	) Op	otional Person(s) Needs	<b></b>
	Diff	eren	tial	
		Fa	amily Needs	
		0	ptional Person(s) Needs	
	(0	) Dil	fferential	=
	П	tn	mp Sum Ineligibility for Optional Persons	
	U		ur net countable income (A)	
			nus the differential (D)	
			vided by the optional person(s) needs (C)	
	155.00 155.00 30.00		uals the number of ineligible months:	
			ere is a remainder of	\$
			counts against your grant in	
		ifγ	you reapply	(MONTH)
Rules: These rules apply; you may review them at your		v.	ou are not financially eligible in	
Welfare Office: MPP		14	ou are not intancially engine in	(MONTH)

NA 278 (496) DISCONTINUE/SUSPEND - OPTIONS PERSONS FINANCIAL ELIGIBILITY AND LUMP SUM

Page\_

### YOUR HEARING RIGHTS

#### To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

### To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

#### To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

#### To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:

1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

#### Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

#### HOW TO ASK OR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

#### **HEARING REQUEST**

I want a hearing becau	se of an a	ction by the	Welfare Department
of			County about my
☐ Cash Aid ☐ Foo	d Stamps	☐ Medi-C	al 🗌 Child Care
Other (list)	· · · · · · · · · · · · · · · · · · ·		
Here's why:			
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		<del></del>	
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			······································
Check here and add	d a page if y	ou need mo	re space.
I want the person na I give my permission to the hearing for m	n for this pe		t me at this hearing. my records or come
NAME			
ADDRESS			-
I need a free interpr My language or dial			
My name:			
Address:			
-			
Phone:	·····	<u></u>	
My case number:			
My signature:			
Date:			